

LIFE AND DEATH - IN WHOSE HANDS?

Apologetics

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0. INTRODUCTION:

[VSI] “There is a line among the fragments of the Greek poet Archilocus which says: ‘The fox knows many things, but the hedgehog knows one big thing’. Berlin goes on to suggest that, taken figuratively, this distinction between the fox and the hedgehog can mark ‘one of the deepest differences which divide writers and thinkers, and, it may be, human beings in general’. The hedgehog represents those who relate everything to a central vision.”¹ → theologians relate everything to *one* God and His Word

- avoiding both “mechanical” and “sacralizing” views of medicine (HAUERWAS)

In the hope of securing peace between medicine and religion, two quite different and equally unsatisfactory proposals have been suggested. (1) The first advocates a **strong division of labor** between medicine and religion by limiting the scope of medicine to the mechanism of our body. (2) ...The second alternative to accepting the autonomy of medicine from our religious convictions seeks to maintain a close relationship by **resacralizing medical care**. ...Physicians rightly maintain that their skill primarily has to do with the body, as medicine promises us health, not happiness.²

- the problem of theodicy... why sickness? why pain? why death?

0.1. THE IDEA OF MEDICINE

0.1.1.1. UNCERTAIN

[SZASZ] “Since medicine has rather intimate connections with health and illness, life and death, it

¹ HOPE, T. *Medical Ethics*, Oxford : OUP, 2004, p. 4.

² HAUERWAS, S. *The Hauerwas Reader*, Durham : Durham University Press, 2001, p. 545.

is not surprising that we are now as uncertain about the aim of medicine as we are about the aim of life itself. Indeed, we can be no more clear or confident about what medicine is for than we can be about what life is for.”³

0.1.1.2. THEOLOGICAL

- theologians as members of ethical committees deciding difficult ethical questions

[GUSTAFSON] A person whose primary field of interest is theology can contribute to literature about ethics and medicine without articulating the theological grounds for the arguments and judgments that are made. When the theologian does so, he or she is functioning primarily as a moral philosopher, though as a philosopher who is working out of a particular theological moral point of view. To do so is not necessarily an act of deception...⁴

0.1.1.3. CHRISTIAN ATTITUDE

[SCHAEFFER] The major challenge is how to handle the recently developed techniques of human engineering and human manipulation. It is important for Christians to pay close attention to the course of events associated with these developments. We are going to be called upon to answer questions we have never considered before, and we should be prepared to respond. First, we need to understand from the Christian viewpoint what is happening. More important, we must help those in decision-making capacities to recognize the implications of the issues we face together as the human race.⁵

0.2. SOME RELATED IDEAS

- ‘Every human being of adult years and sound mind has a right to determine what shall be done with his own body’ (JUSTICE CARDOZO: *Schloendorff v. Society of New York Hospital* (1914)).⁶
- “...the foundation of all bioethical judgments. These include such principles as beneficence, non-maleficence, autonomy, the right to life, justice, and confidentiality. Bioethicists justify their judgments about particular actions or particular policies by reference to these principles. They constitute the basis of bioethical knowledge. ...The theories we shall review at this point are: (1) **consequentialism**, (2) **contractarianism**, (3) **natural rights theory**, (4) **Kant's respect for persons theory**, (5) **virtue theory**, (6) **theological ethics**, and (7) **Marxism**.”⁷
- “Why did some philosophers and not others judge the life of the fetus to be worth preserving? What value did the philosophers and physicians of antiquity accord to the life of the chronically or terminally ill patient? When was human life judged to begin and end? Was death, according to their religious persuasions or philosophical speculations, something one should rightfully fear?”⁸
- “I contend that many discussions in medical ethics take place at the level of propositional knowledge between participants who lack sufficient experiential knowledge, and that this impoverishes and distorts the ensuing discussions. Most problems of medical ethics are actually threefold: there is an *impersonal* (or public) problem, there is the *policy* problem and there is a *personal* problem.”⁹

0.3. KEY CONCEPTS IN MEDICAL ETHICS¹⁰

(1) Self determination: [respect]
the ability to think, choose, decide, and act for oneself, also sometimes referred to as “autonomy”.
There is a prima facie moral obligation to respect people’s self determination insofar as such respect

³ SZASZ, Th. *The Theology of Medicine*, New York : Harper & Row, 1977, p. 1.

⁴ The Contributions of Theology to Medical Ethics

⁵ SCHAEFFER, Fr. *Back to Freedom and Dignity*, London : Hodder & Stoughton, 1993.

⁶ BRAZIER, M. – LOBJOIT, M. *Protecting the Vulnerable*, London : Routledge, p. 1.

⁷ BRODY, B. A. *Moral Theory and Moral Judgments in Medical Ethics*, Dordrecht : Kluwer, 1988, p. 2.

⁸ CARRICK, P. *Medical Ethics in Antiquity*, Dordrecht : Kluwer, 1995, p. xxiii.

⁹ COWLEY, C. *Medical Ethics, Ordinary Concepts and Ordinary Lives*, Basingstoke : Palgrave, 2008, p. xiii.

¹⁰ ENGLISH, V. – ROMANO-CRITCHLEY, G. – SHEATHER, J. – SOMMERVILLE, A. *Medical Ethics Today*, London : BMJ, 2004, p. 7.

is compatible with equal respect for the self determination of all those potentially affected.

(2) Honesty: [truth]

the communication of information in ways that are believed to be truthful and that are not intended in any way to deceive the recipient.

(3) Consent: [dignity]

competent patients have the right to give or withhold consent to treatment or invasive procedures irrespective of the outcome.

(4) Confidentiality: [trust]

patients are entitled to confidentiality, but that right is not absolute; there may be cases where an overriding public interest would justify a breach of confidentiality.

(5) Harm and benefit: (Romans: *Primum non nocere.*) [love → **Rom 13:10** Love does no wrong to a neighbor]

the overall aim of medical treatment should be to promote (health) benefit and minimise harm to all parties involved. When patients are competent they are the best judges of benefit and harm for themselves. When they are not competent to give or withhold consent, only treatment and intervention that is in their overall best interests should be provided. With safeguards, certain exceptions may be justified where interventions are of minimal or negligible harm and are of benefit to others, as for example in non-therapeutic research involving minor interventions such as blood tests.

(6) Fairness or equity: individuals should be treated fairly and should not be inappropriately discriminated against in the provision of health services.

0.4. A GROWING PROBLEM

[VEATCH, 1997] Ethical problems in medicine and the biological sciences have, in the past few years, exploded into the public consciousness at an exponential rate. Partly this is a result of new, increasingly complex technologies: ventilators, artificial kidney machines, new lifesaving medications, and transplant technologies. Partly it is a result of increasing access to existing medical services brought on by better insurance. Partly it comes from increased public awareness of medical decisions that have always been made in the privacy of the health professional's conscience.

0.5. MEDICAL ETHICS – WHOSE DECISION?

[WMA, 2005] It is incredible to think that although the founders of medical ethics, such as Hippocrates, published their works more than 2000 years ago, the medical profession, up until now, has not had a basic, universally used, curriculum for the teaching of medical ethics. [?] This first WMA Ethics Manual aims to fill that void. What a privilege it is to introduce it to you!¹¹

- Jacques MONOD – “It is impossible to derive 'ought' from 'is'.”

[Francis CRICK] Some group of people should decide some people should have more children and some should have fewer You have to decide who is to be born. Biology is indeed a revolutionary subject when you look at it this way.¹²

1. THEOLOGICAL ANTHROPOLOGY

1.1. WHY THEOLOGY?

1.1.1. BEYOND NATURE

[Hippocratic Collection after 300 B.C.] Between wisdom and medicine there is no gulf fixed; in fact medicine possesses all the qualities that make for wisdom. It has disinterestedness (neziskuchivosť), shamefastness (cudnosť), modesty (skromnosť), reserve (zdržanlivosť), sound opinion (zdravý úsudok), judgment (rozsudzovanie), quiet (tichosť), pugnacity (rozhodnosť), purity (čistota), sententious speech (múdra reč),

¹¹ WILLIAMS, J. R. *Medical Ethics Manual*, Ferney-Voltaire : Cedex, 2005, p. 5.

¹² SCHAEFFER, Fr. *Back to Freedom and Dignity*,

knowledge of the things good and necessary for life (znalost' vecí potrebných pre život), selling of that which cleanses (), freedom from superstition (sloboda od povier), pre-excellence divine (excelentná božskosť).¹³

[Claude BERNARD, 1865] ...we must add that neither physiologists nor physicians need imagine it their task to seek the cause of life or the essence of disease. That would be entirely wasting one's time in pursuing a phantom. The words, life, death, health, disease, have no objective reality.¹⁴

1.1.2. RESPECT FOR "NATURAL NATURAL" SCIENCE

...St Augustine ...thought that Christians made themselves ridiculous when they talked 'utter nonsense' about scientific matters while claiming to speak in accordance with Scripture. This makes Christian writers into laughing-stocks, he said, and does great harm, for when non-Christians hear a Christian making bizarre claims about the physical world and justifying them by appeal to Scripture, 'how are they to believe the same writings on the resurrection of the dead in the hope of eternal life in the kingdom of heaven?'. According to Augustine, in a text much admired and appealed to by Galileo, 'whatever the [scientists] themselves can demonstrate by true proofs about the nature of things, we can show not to be contrary to our scriptures'.¹⁵

1.2. THE PROBLEM OF MONISM

- definition of goals based on *determinism* – everything can be manipulated by *one* kind of knowledge (natural, psychological, spiritual...)

... the false goals that tempt today's physicians. (1) First, there is what is usually called "happiness" in its sadly shrunken meaning, but which might best be called pleasure—that is, gratifying or satisfying patient desires, producing contentment. ... exercise of intelligence, awareness, imagination, taste, prudence, good sense, and fellow feeling, for whose cultivation medicine can do little. ... (2) A second false goal for medicine is social adjustment or obedience, or more ambitiously, civic or moral virtue. The prevention of crime, the taming of juvenile delinquents, the relief of poverty and racial discrimination... (3) Let me, with some misgivings, suggest one more false goal of medicine: the prolongation of life, or the prevention of death. to be alive and to be healthy are not the same, though the first is both a condition of the second, and, up to a point, a consequence. By challenging prolongation of life as a true goal of medicine, I may be challenging less what is done by practicing clinicians and more how we think and speak about it.¹⁶

1.3. CHRISTIAN DUALISM

- Nature/Grace (SCHAEFFER, Fr. *The God Who Is There*)

GRACE, the higher:	God the Creator; Heaven and heavenly things, the unseen and its influence on the earth; man's soul; unity.

NATURE, the lower:	The created; earth and earthly things; the visible and what it (nature + man) does on the earth; man's body; diversity.

1.4. WHAT IS MAN

- Man – Image of God → Jesus (The only normal man)
- the earthly representative of God

2. MEANING OF "LIFE" AND "DEATH" IN CHRISTIAN THEOLOGY

- [COLSON] "The good life is realized in our ability to hold fast to the truth and our human dignity

¹³ [author unknown] *Decorum V*.

¹⁴ BERNARD, C. *An Introduction to the Study of Experimental Medicine*, New York : Henry Schuman Inc, 1949, p. 67.

¹⁵ *Medicine and Moral Reasoning*, Cambridge : CUP, 1994, p. 20. (...respondendum est hominibus qui calumniari Libris nostrae salutis affectant; ut quidquid ipsi de natura rerum veracibus documentis demonstrare potuerint, ostendamus nostris Litteris non esse. *De Genesi ad litteram 1:21:41*)

¹⁶ KASS, L. *Toward a More Natural Science*, New York : The Free Press, 1985, p. 159-161.

that rests upon it.”¹⁷

LIFE, a state of active existence. — 1. Human life is the continuance or duration of our present state, and which the Scriptures, represent as short and vain, Job xiv. 1, 2 ; James iv. 14. — 2. Spiritual life consists in our being in the favour of God, influenced by a principle of grace, and living dependent on him. It is considered as of divine origin, Col. iii. 4 ; hidden, iii. 3 ; peaceful, Rom. viii. 6 secure, John x. 28. — 3. Eternal life is that never-ending state of existence which the saints shall enjoy in heaven, and is glorious, Col. iii. 4 ; holy, Rev. xxi. 27 ; and blissful, 1 Pet. i. 4 ; 2 Cor. iv. 17.¹⁸

- not *monism* but *unity* of a human being

2.1. LIFE IN BIOLOGY

LIFE. Complex physico-chemical systems whose two main peculiarities are (1) storage and replication of molecular information in the form of nucleic acid, and (2) the presence of (or in viruses perhaps merely the potential for) enzyme catalysis. Without enzyme catalysis a system is inert, not alive; however, such systems may still count as biological (e.g. all viruses away from their hosts). Other familiar properties of living systems such as nutrition, respiration, reproduction, excretion, irritability, locomotion, etc., are all ‘dependent in some way upon their exhibiting the two above-mentioned properties. Living systems also have an evolutionary history. Whatever the origin of life may have been, all existing life forms derive from living antecedents. The earliest living system would have been very different from any modern life form, particularly so in their genetic systems (modes of storage and implementation of molecular information).¹⁹

2.2. “LIFE” IN THE THEOLOGICAL PERSPECTIVE

“Christian theology would have no meaning were it not dealing with the matter of death.”²⁰

2.2.1. THE “DAY OF DEATH” IN GENESIS 3

- Gn 3 → shame; fear; loneliness; suspicion;
- “existence in death” (~SARTRE *Hell is other people*)
- bitterness leads to suicide (WEAVER)
- theology: the **RESURRECTION** of all human bodies → the value of the body (and God saw it was good)

2.2.2. “DEFINITION” OF LIFE IN THE BIBLE

- the opposite: relationship with God; trusting people; fellowship...
- “abundant” life (**John 10:10** I came that they may have life, and have it abundantly.)
- **John 6:33** For the bread of God is he who comes down from heaven and gives life to the world.

2.2.3. HUMAN LIFE AND THE GOSPEL

- human life as the time of decision → opportunity for salvation
- the goal of *this* life (natural) is the *future* life (eternal)
- Paul: to attain the resurrection!! (Phil 3)

3. MAKING LIFE AND DEATH DECISIONS

- For whom do we exist? For our *self*? For society?...
- “...there is usually little debate about the governing principle: everyone assumes that it is ‘autonomy’ and only autonomy.”²¹

[COLSON] Commenting on life’s questions, U.S. Supreme Court Justice Anthony M. Kennedy, in the case *Planned Parenthood v. Casey*, said, “At the heart of liberty is the right to define one’s own concept of existence, of meaning, of the universe, and of the mystery of human life.” Kennedy asserted that beliefs about these matters define the attributes of personhood. We are who we are, we are the type of creatures we are, because we are obliged to come to our own conclusions about the great questions. Although I disagree

¹⁷ COLSON, C. *The Good Life*, Wheaton : Tyndale House Publishers, 2005, p. 77.

¹⁸ BUCK, C. *Theological Dictionary*, Philadelphia : Crissy & Markley, 1850, p. 235.

¹⁹ *The New Penguin Dictionary of Biology*, 1990, p. 327

²⁰ http://www.newcreationlibrary.net/books/pdf/099_LFS42.pdf (13-Nov-15)

²¹ FOSTER, C. *Choosing Life, Choosing Death*, p. 3.

profoundly with the legal conclusion Justice Kennedy drew from this observation, I must admit his summary captures what makes us human.²²

3.1. AUTONOMY?

- THIELICKE: human dignity is *alien* dignity – given by God (not intrinsic)

The discovery of intensely ethical choices in certain special areas of medicine—abortion, euthanasia, and gene manipulation, for example—only made the tension worse. Both physicians and laypeople now acknowledge that these special choices required a moral perspective that comes from outside medicine, but then they immediately shifted back to more traditional ways of thinking about more ordinary decisions about asthma, arthritis, or antibiotics. It was as if physicians occasionally had to call time-out from their routine, scientifically based medicine to let patients do their value thing on the special, value-loaded choices.²³

3.1.1. AUTONOMY – THE SECULAR OPTION

- patients imbued with *selfism* – human infinite dignity...
- Paradoxically, *secularism* is a Christian option → the possibility to live “without God”
- Christian doctor has to respect this possibility without changing the care he provides for his/her irreligious patient.

3.1.2. SCIENCE AGAINST HUMAN AUTONOMY

3.1.2.1. DETERMINISM

[SKINNER] What is being abolished is autonomous man - the inner man, the homunculus, the possessing demon, the man defended by the literatures of freedom and dignity. His abolition has long been overdue. Autonomous man ; is a device used to explain what we cannot explain in any other way. He has been constructed from our ignorance, and as our understanding increases, the very stuff of which he is composed vanishes. Science does not dehumanize man, it de-homunculizes him, and it must do so if it is to prevent the abolition of the human species. To man q ua man we readily say good riddance. Only by dispossessing him can we turn to the real causes of human behaviour.²⁴

3.1.2.2. SELFISM

This is an assault on the presumption that autonomy ought to be the only voice heard in medical ethics and law. The fightback against the **extraordinary hegemony of autonomy** began long ago, but the original papers setting out the dissenters’ contentions still have the feel of samizdat tracts ...Autonomy loathes the idea of duties. ...There is something of a civil war raging between doctors’ autonomy rights and patients’ autonomy rights.²⁵

3.2. THE DOCTOR AS “THE HAND OF GOD” OR IN THE HANDS OF GOD?

[SZASZ] “The moral foundations of modern medicine have a dual ancestry: (1) from the Greeks, medicine has inherited the idea that the physician's primary duty is to his patient; (2) and from the Romans, that his primary duty is to do no harm (*Primum non nocere*). The first of these ideas, although quite unrealized, is often said to be the ideal of Western medicine; the second, although quite unrealizable, is often said to be its First Commandment.”²⁶

[SCHAEFFER *Newsweek*] More than one genetic engineer has seriously suggested that the semen of great men should be frozen and stored. in this way, the argument goes, their outstanding endowments could be readily melded to those of superior women for the enrichment of mankind.²⁷

3.2.1. THE PHYSICIAN AS A CHRISTIAN

- CALLING – not just a *job*...

²² COLSON, C. *The Good Life*, Wheaton : Tyndale House Publishers, 2005, p. 8-9.

²³ VEITH, R. M. *Patient, Heal Thyself*, Oxford : OUP, 2009, p. viii.

²⁴ SKINNER; B. F. *Beyond Freedom and Dignity*, Harmondsworth : Penguin, 1976, p. 196.

²⁵ FOSTER, C. *Choosing Life, Choosing Death*, Portland : Hart Publishing, 2009, p. ix, 19.

²⁶ SZASZ, Th. *The Theology of Medicine*, New York : Harper & Row, 1977, p. 1.

²⁷ SCHAEFFER, Fr. *Back to Freedom and Dignity*,

- representing Christ (you will be witnesses...) while treating the body, he/she thinks of the whole person of the patient
- **Lev 19:18** you shall love your neighbor as yourself... **Mt 22:39** You shall love your neighbor as yourself.' ["the best medicine is the physician himself"]
- plagiarism; bribery; racism;
- protected by God – from patients!

[HAUERWAS] ...the fact that medicine through the agency of physicians does not and cannot always “cure“ in no way qualifies the commitment of the physician. At least it does not do so if we remember that the physician’s basic pledge is not to cure, but TO CARE through being present to the one in pain. Yet it is not easy to carry out that commitment on a day-to-day, year-to-year basis. For none of us has the resource to see too much pain without that pain’s hardening us. Without such a hardening, something we sometimes call by the name of professional distance, we fear we will lose the ability to feel at all.²⁸

3.2.2. THE PHYSICAL AND THE SPIRITUAL SIDE OF HEALING

- **2Chr 16:12** ... Asa was diseased in his feet, and his disease became severe. Yet even in his disease he did not seek the LORD, but sought help from physicians.
- **Luke 17:14** (the ten lepers) ..."Go and show yourselves to the priests." And as they went they were cleansed.

3.2.3. MEDICAL CARE AND PRAYER

[HAUERWAS] ...prayer is not a supplement to the insufficiency of our medical knowledge and practice; nor is it some divine insurance policy that our medical skill will work; rather, our prayer is the means that we have to make God present whether our medical skill is successful or not.²⁹

4. TO REMEMBER

- Medical ethics begins with the worldview.
- Theological anthropology views humans as a unity of eternal/spiritual and temporary/material beings.
- Physician who is a Christian is a witness for Christ in the way he/she treats the patient. Seeing the eternity beyond the immediate health problems.

²⁸ HAUERWAS, S. *The Hauerwas Reader*, p. 551.

²⁹ HAUERWAS, S. *The Hauerwas Reader*, p. 554.